

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES REPORT
REPORT TO CENTRAL REGISTRY/CPS APPLICATION**

Form # _____
enter # assigned by system

1. County		2. Cty Case Number		3. Case Manager Name, Last				FI	MI	4. Case Manager Number													
5. Date of Initial Report		6. Date Assessment Initiated		7. Date of Case Decision				8. Risk Assess Rating <input type="checkbox"/> L = Low I = Intensive M = Medium N = N/A H = High		9. Request for Assistance													
10. Child ID		11. Child Name, Last				Child Name, First				MI	12. Social Security Number												
13. Date of Birth		14. Sex	15. Race	16. Sch	17. Gr	18. Lv Ar	19. Special Areas		20. Source of Referral(s)		21. Juv	22. Cri	23. Perp Rel	24. Post Svcs									
25. Failure to Rpt Source	26. Failure to Report Reason (select all that apply)																						
	<input type="checkbox"/> Did not want to get involved/Family matters/Religious beliefs <input type="checkbox"/> Thought DSS would not respond <input type="checkbox"/> Fear of Retaliation/Financial distress <input type="checkbox"/> Did not know how to report <input type="checkbox"/> Thought someone else would report it/Better handled by other resource or service <input type="checkbox"/> Thought it would be a breach of confidentiality <input type="checkbox"/> Did not consider actions inappropriate/Disbelief of possible allegations <input type="checkbox"/> Other/Refused to say/Unknown																						
27. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately)														28. Type Reported <input type="checkbox"/>		30. Type Found <input type="checkbox"/>		31. Findings Reason <input type="checkbox"/>					
<input type="checkbox"/> Caretaker - Alcohol Abuse <input type="checkbox"/> Child - Alcohol Problem <input type="checkbox"/> Caretaker - Drug Abuse <input type="checkbox"/> Child - Drug Problem <input type="checkbox"/> Caretaker - Mental Retardation <input type="checkbox"/> Child - Mental Retardation <input type="checkbox"/> Caretaker - Emotionally Disturbed <input type="checkbox"/> Child - Emotionally Disturbed <input type="checkbox"/> Caretaker - Visually or Hearing Impaired <input type="checkbox"/> Child - Visually or Hearing Impaired <input type="checkbox"/> Caretaker - Learning Disability <input type="checkbox"/> Child - Physically Disabled <input type="checkbox"/> Caretaker - Physically Disabled <input type="checkbox"/> Child - Behavior Problem <input type="checkbox"/> Caretaker - Other Medical Condition <input type="checkbox"/> Child - Learning Disability <input type="checkbox"/> Caretaker - Lack of Child Dev. Knowledge <input type="checkbox"/> Child - Other Medical Condition <input type="checkbox"/> None of These Apply For This Child <input type="checkbox"/> Household - Domestic Violence <input type="checkbox"/> Household - Inadequate Housing <input type="checkbox"/> Household - Financial Problem <input type="checkbox"/> Household - Public Assistance														29. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported)		32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.)							
														ABUSE		NEGLECT		ABUSE		NEGLECT		SERIOUS	
														<input type="checkbox"/> Physical		<input type="checkbox"/> Improper Supervision		<input type="checkbox"/> Physical		<input type="checkbox"/> Imp. Supervision		<input type="checkbox"/>	
														<input type="checkbox"/> Emotional		<input type="checkbox"/> Improper Care		<input type="checkbox"/> Emotional		<input type="checkbox"/> Imp. Care		<input type="checkbox"/>	
														<input type="checkbox"/> Sexual		<input type="checkbox"/> Improper Disc (No Injuries)		<input type="checkbox"/> Sexual		<input type="checkbox"/> Imp. Disc (No Injuries)		<input type="checkbox"/>	
														<input type="checkbox"/> Delinquent Acts Involving Moral Turpitude		<input type="checkbox"/> Improper Disc (Injuries)		<input type="checkbox"/> Delinquent Acts Involving Moral Turpitude		<input type="checkbox"/> Imp. Disc (Injuries)		<input type="checkbox"/>	
														<input type="checkbox"/> No Alleged Maltreatment For This Child		<input type="checkbox"/> Injurious Environment		<input type="checkbox"/> Injurious Environment		<input type="checkbox"/> Inj. Environment		<input type="checkbox"/>	
																<input type="checkbox"/> Injurious Environment (DV)		<input type="checkbox"/> Injurious Environment (DV)		<input type="checkbox"/> Inj. Environment (DV)		<input type="checkbox"/>	
																<input type="checkbox"/> Injurious Environment (SA)		<input type="checkbox"/> Injurious Environment (SA)		<input type="checkbox"/> Inj. Environment (SA)		<input type="checkbox"/>	
																<input type="checkbox"/> Abandonment		<input type="checkbox"/> Abandonment		<input type="checkbox"/> Abandonment		<input type="checkbox"/>	
																<input type="checkbox"/> Safe Surrender		<input type="checkbox"/> Safe Surrender		<input type="checkbox"/> Safe Surrender		<input type="checkbox"/>	
																<input type="checkbox"/> Improper Med/Rem Care		<input type="checkbox"/> Improper Med/Rem Care		<input type="checkbox"/> Imp. Med/Rem Care		<input type="checkbox"/>	
																<input type="checkbox"/> Adoption Law Violation		<input type="checkbox"/> Adoption Law Violation		<input type="checkbox"/> Adopt. Law Violation		<input type="checkbox"/>	
33. Perpetrator Name, Last				Perpetrator Name, First				MI	34. Date of Birth		35. Age	36. Race	37. Sex	38. Social Security No	39. RI	40. Mil							
33. Perpetrator Name, Last				Perpetrator Name, First				MI	34. Date of Birth		35. Age	36. Race	37. Sex	38. Social Security No	39. RI	40. Mil							
41. Child Care Group Home/Institution																							